

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NEW YORK

-----X
In re:

Chapter 11

22 Maple Street, LLC,

Case No. 18-40516-NHL

Debtor.

-----X
LOCAL RULE 1009-1 DECLARATION

J. Ted Donovan declares the following under penalties of perjury pursuant to 28 U.S.C. § 1746:

1. I am a senior associate with the firm of Goldberg Weprin Finkel Goldstein LLP, counsel for 22 Maple Street, LLC, the Debtor herein.

2. I make this Declaration pursuant to Local Rule 1009-1 in support of amendment to the Debtor's schedules being filed herewith.

3. The Debtor filed a petition under Chapter 11 of the Bankruptcy Code on January 30, 2018.

4. The following are a list of the filings:

A. Petition amended to reflect correct NAICS number

B. Schedule "F", previously filed herein, has been amended for the purpose of adding the Massachusetts Department of Health, 250 Washington Street, Boston, MA 02108-4603 for notice purposes. An amended mailing matrix is annexed hereto, reflecting only this new addition.

Dated: New York, NY
March 9, 2017

/s/ J. Ted Donovan

Fill in this information to identify your case:

United States Bankruptcy Court for the:

EASTERN DISTRICT OF NEW YORK, BROOKLYN DIVISION

Case number (if known)

18-40816-NHL

Chapter

11 Check if this is an amended filing**Official Form 201****Voluntary Petition for Non-Individuals Filing for Bankruptcy**

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If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name	<u>22 Maple Street, LLC</u>		
2. All other names debtor used in the last 8 years	Include any assumed names, trade names and <i>doing business as</i> names		
3. Debtor's federal Employer Identification Number (EIN)	<u>90-1027450</u>		
4. Debtor's address	Principal place of business <u>1600 63rd St Brooklyn, NY 11204-2713</u> Number, Street, City, State & ZIP Code	Mailing address, if different from principal place of business <u>P.O. Box, Number, Street, City, State & ZIP Code</u>	
	<u>Kings</u> County	Location of principal assets, if different from principal place of business <u>22 Maple St Amesbury, MA 01913-1304</u> Number, Street, City, State & ZIP Code	
5. Debtor's website (URL)			
6. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify: _____		

Debtor 22 Maple Street, LLC
NameCase number (if known) 18-40816-NHL**7. Describe debtor's business**

A. Check one:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
 Railroad (as defined in 11 U.S.C. § 101(44))
 Stockbroker (as defined in 11 U.S.C. § 101(53A))
 Commodity Broker (as defined in 11 U.S.C. § 101(6))
 Clearing Bank (as defined in 11 U.S.C. § 781(3))
 None of the above

B. Check all that apply

- Tax-exempt entity (as described in 26 U.S.C. §501)
 Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
 Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.

See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.5311**8. Under which chapter of the Bankruptcy Code is the debtor filing?**

Check one:

- Chapter 7
 Chapter 9
 Chapter 11. Check all that apply:

- Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
 The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
 A plan is being filed with this petition.
 Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
 The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11 (Official Form 201A) with this form.
 The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

- Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years? No. Yes.

If more than 2 cases, attach a separate list.

District	When	Case number
District	When	Case number

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor? No Yes.

List all cases. If more than 1, attach a separate list

Debtor	Relationship
District	When
Case number, if known	

Debtor 22 Maple Street, LLC Case number (if known) 18-40816-NHL
 Name _____

11. Why is the case filed in this district?	<i>Check all that apply:</i> <input type="checkbox"/> Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
	<input checked="" type="checkbox"/> A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.
12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?	<input checked="" type="checkbox"/> No
	<input type="checkbox"/> Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.
	Why does the property need immediate attention? (Check all that apply.)
	<input type="checkbox"/> It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety. What is the hazard? _____
	<input type="checkbox"/> It needs to be physically secured or protected from the weather.
	<input type="checkbox"/> It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
	<input type="checkbox"/> Other _____
	Where is the property? Number, Street, City, State & ZIP Code _____
	Is the property insured?
	<input type="checkbox"/> No
	<input type="checkbox"/> Yes. Insurance agency _____ Contact name _____ Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds	<i>Check one:</i>		
	<input checked="" type="checkbox"/> Funds will be available for distribution to unsecured creditors.		
	<input type="checkbox"/> After any administrative expenses are paid, no funds will be available to unsecured creditors.		
14. Estimated number of creditors	<input checked="" type="checkbox"/> 1-49	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 25,001-50,000
	<input type="checkbox"/> 50-99	<input type="checkbox"/> 5001-10,000	<input type="checkbox"/> 50,001-100,000
	<input type="checkbox"/> 100-199	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> More than 100,000
	<input type="checkbox"/> 200-999		
15. Estimated Assets	<input type="checkbox"/> \$0 - \$50,000	<input checked="" type="checkbox"/> \$1,000,001 - \$10 million	<input type="checkbox"/> \$500,000,001 - \$1 billion
	<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion
	<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion
	<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion
16. Estimated Liabilities	<input type="checkbox"/> \$0 - \$50,000	<input type="checkbox"/> \$1,000,001 - \$10 million	<input type="checkbox"/> \$500,000,001 - \$1 billion
	<input type="checkbox"/> \$50,001 - \$100,000	<input checked="" type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion
	<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion
	<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion

Debtor

22 Maple Street, LLC

Name

Case number (*if known*) 18-40816-NHL**Request for Relief, Declaration, and Signatures**

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on March 9, 2018
MM / DD / YYYY

X /s/ YC Rubin

Signature of authorized representative of debtor

YC Rubin

Printed name

Title Chief Restructuring Officer**18. Signature of attorney**X /s/ Kevin J. Nash

Signature of attorney for debtor

Date March 9, 2018

MM / DD / YYYY

Kevin J. Nash

Printed name

Goldberg Weprin Finkel Goldstein LLP

Firm name

1501 Broadway 22nd Floor
New York, NY 10036

Number, Street, City, State & ZIP Code

Contact phone (212) 221-5700

Email address

knash@gwfglaw.comKevin J. Nash

Bar number and State

Debtor **22 Maple Street, LLC** Case number (*if known*) **18-40816-NHL**
 Name

Fill in this information to identify your case:

United States Bankruptcy Court for the:

EASTERN DISTRICT OF NEW YORK, BROOKLYN DIVISIONCase number (*if known*) **18-40816-NHL** Chapter **11**

Check if this an amended
filing

FORM 201. VOLUNTARY PETITION**Pending Bankruptcy Cases Attachment**

Debtor	90 West Street LLC	Relationship to you	Affiliate
District	Eastern District of New York	When <u>1/30/18</u>	18-40515-NHL
Debtor	Keen Equities LLC	Relationship to you	Affiliate
District	Eastern District of New York	When <u>11/12/13</u>	13-46782-NHL

Fill in this information to identify the case:Debtor name 22 Maple Street, LLCUnited States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORK, BROOKLYN DIVISIONCase number (if known) 18-40816-NHL

Check if this is an amended filing

Official Form 206E/F**Schedule E/F: Creditors Who Have Unsecured Claims**

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Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- No. Go to Part 2.
 Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address Chief Assessor, City of Amesbury 62 Friend St Amesbury, MA 01913-2825	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: For notice purposes only	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2	Priority creditor's name and mailing address Internal Revenue Service Centralized Insolvency Operations PO Box 7346 Philadelphia, PA 19101-7346	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: For notice purposes only	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

Debtor Name	22 Maple Street, LLC	Case number (if known)	18-40816-NHL
3.1 Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: Check all that apply.	
City of Amesbury		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
62 Friend St		Basis for the claim: <u>Utility</u>	
Amesbury, MA 01913-2825			
Date(s) debt was incurred _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.2 Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: Check all that apply.	
Hudson Energy		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
PO Box 29193		Basis for the claim: <u>Utility</u>	
New York, NY 10087-9193			
Date(s) debt was incurred _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.3 Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: Check all that apply.	
Massachusetts Dept of Public Health		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
250 Washington St		Basis for the claim: <u>For notice purposes only</u>	
Boston, MA 02108-4603			
Date(s) debt was incurred _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.4 Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: Check all that apply.	
Pennichuk		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
200 Concord St		Basis for the claim: <u>Utility</u>	
Nashua, NH 03064-1202			
Date(s) debt was incurred _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5a. \$ 0.00

5b. Total claims from Part 2

5b. + \$ 20,521.41

5c. Total of Parts 1 and 2

5c. \$ 20,521.41

Lines 5a + 5b = 5c.

United States Bankruptcy Court
Eastern District of New York, Brooklyn Division

IN RE:

22 Maple Street, LLC

Debtor(s)

Case No. 18-40816-NHL

Chapter 11

AMENDED VERIFICATION OF CREDITOR MATRIX

The above named debtor(s) or attorney for the debtor(s) hereby verify that the attached matrix (list of creditors) is true and correct to the best of their knowledge.

Date: March 9, 2018

/s/ YC Rubin

Debtor

Joint Debtor

/s/ Kevin J. Nash

Attorney for Debtor

ADDITIONAL CREDITOR

Massachusetts Department of Health
250 Washington Street
Boston, MA 02108-4603